

**William A. Hinton State Laboratory Institute
Massachusetts Department of Public Health**

HEPATITIS B VACCINE CONSENT/DECLINE FORM

Massachusetts Department of Public Health, William A. Hinton State Laboratory Institute (SLI) offers hepatitis B vaccinations, without charge, to all employees at increased risk for contracting hepatitis B infection. This includes all employees who may have direct contact with human blood, blood products (e.g., serum), body fluids, infected tissues or secretions, or materials possibly contaminated by blood or blood products.

Current studies indicate that the hepatitis B vaccine is safe and effective (about 90%) in preventing infection among susceptible persons. Three doses, given over a period of six months, are required. The vaccine should not be given to persons allergic to yeast nor to pregnant or nursing women. The hepatitis B vaccine provides no protection against other viruses causing hepatitis, such as hepatitis A, C, D or E. Since hepatitis B has a long incubation period, it is possible for unrecognized infection to be present at the time the hepatitis B vaccine is given. Hepatitis B vaccine may not prevent hepatitis in such cases. Serious, active hepatitis is reason for delaying use of the vaccine.

It is currently recommended that the hepatitis B surface antibody titer be tested 1-2 months after the completion of the full hepatitis B vaccination series. The titer, which confirms the presence of antibody, indicates immunity to hepatitis B. Individuals who have no antibody response should receive a fourth vaccination, and if still antibody-negative then, a fifth and sixth vaccination dose. If the antibody is absent after completion of this second series, the individual is considered to be a non-responder to hepatitis B vaccination. Non-responders should be considered susceptible to HBV infection and would need hepatitis B immune globulin in the event of significant exposure to potentially infectious material.

After completion of the hepatitis B vaccination series and documentation of the presence of hepatitis B surface antibody, future hepatitis B vaccine boosters and periodic hepatitis B antibody testing are not necessary, according to current recommendations.

SIDE EFFECTS

The following side effects may occur within the 48-hour period after administration of the vaccine:

- Injection-site soreness, redness, swelling, warmth or hardness.
- Low grade fever (less than 101° F), occasionally.
- Systemic complaints including: fatigue, malaise, headache, nausea, dizziness, muscle and joint aches.
- Rash, rarely.

Please check the applicable reply below:

_____ **CONSENT.** I have read the above statements regarding hepatitis B and the hepatitis B vaccine.
I consent to receive the hepatitis B vaccine offered by the SLI.

_____ **PREVIOUS IMMUNITY.** I decline to accept vaccination against hepatitis B because of presumed immunity following prior hepatitis B vaccination or infection. Year vaccinated: _____

Please provide documentation of vaccination and post-vaccination antibody titer test.

_____ **DECLINE.** I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to receive hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can request and receive the vaccine series at no charge to me.

Employee Name _____ Work phone _____

Signature _____ Date _____

Employee Job Title _____

Supervisor Name _____ Division _____

Please return this form to _____

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